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ABSTRACT

Noting that no national-level or population-based information has depicted child care use among children in immigrant families and compared their patterns of child care use with those of children of U.S.-born parents, this study sought to determine if non-maternal care is the norm for children of immigrant families in the United States. The study drew on national data from the Survey of Income and Program Participation, which permitted classifying children and parents by their nativity status. The data span the period from 1989 to 1998, shortly after the 1996 welfare legislation was enacted. Specific findings about patterns of child care use among children of immigrants include the following: (1) child care arrangements vary by immigrant and by generational status, as well as the national origins (including ethnicity), and poverty status of the families; (2) children in immigrant families are less likely to use center-based care than those in non-immigrant families; (3) kin care was found to be the most commonly occurring primary and secondary care arrangements among preschoolers in immigrant families-in the five states where most children in immigrant families reside, second-generation children (U.S. born with at least one foreign-born parent) are more likely to use kin care than third-generation children (native-born children with native-born parents); (4) although not the case for Black children, Mexican, Asian, and White children in immigrant families are less likely to use center-based care compared to their non-immigrant peers--this difference persists for children of Mexican descent when both parents and children are born in the U.S., and these Mexican American children are far less likely to use center-based care than Asian, White, and Black children whose parents are U.S.-born; (5) children in immigrant families originating in Mexico and Asian countries are underrepresented in center-based care compared with their representation in the population; (6) economic resources of immigrant families are related to costs of and time in center-based care; and (7) based on hourly rates paid by families for non-relative or center-based care, it appears that out-of-pocket child care costs for immigrant families' household budgets is considerably higher than that for non-immigrant families' households. In general, these findings suggest that immigrant families of different national or ethnic origins take different pathways in adapting to raising their children in new

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THE FOUNDATION FOR CHILD DEVELOPMENT

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THE CHILD CARE ARRANGEMENTS OF PRESCHOOL CHILDREN IN IMMIGRANT FAMILIES IN THE UNITED STATES

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EXECUTIVE SUMMARY

Today, the vast majority of American young children grow up experiencing non-maternal care. Indeed, child care has become the complementary context to the family where children establish their identities, develop language, learn to relate to others, and come to know society's rules and customs. What is unclear is whether use of non-maternal care is the norm for children in immigrant families in the United States.

This is the first nationally representative study about child care use among immigrant families based on their children's and their parents' nativity status. Despite this gap in knowledge, one in every five children in America today is an immigrant or has at least one immigrant parent. About three out of four children in immigrant families are U.S. citizens. No group of children in America is growing faster than children in immigrant families. Children of immigrants will constitute half of the growth in school-age children in the next decade.

The Study

This study increases our understanding of child care use among immigrant families. Using national data from the Survey of Income and Program Participation (SIPP) permitted classifying children and parents by their nativity status. It is important to note that these SIPP data span the period from 1989 to 1998, shortly after the 1996 welfare legislation was enacted. A description of the study sample is available in the full report available at www.fcd.org.

Findings

Specific findings about patterns of child care use among children of immigrants include:

- Child care arrangements vary by immigrant and by generational status, as well as the national origins (including ethnicity), and poverty status of the families.
- Children in immigrant families are less likely to use center-based care than those in non-immigrant (U.S.-born parents with U.S.-born children) families.
- Kin care was found to be the most commonly occurring primary and secondary care arrangements among preschool children in immigrant families. In the five states where most children in immigrant families reside, second-generation children (U.S.-born with at least one foreign-born parent) are more likely to use kin care than third-generation children (native-born children with native-born parents).

- Except for Black children, Mexican, Asian, and White children in immigrant families are less likely to use center-based care compared to their counterparts in non-immigrant families. This difference persists for children of Mexican descent when both parents and children are born in the U.S. These Mexican American children are far less likely to use center-based care compared with Asian, White, and Black children whose parents are born in the U.S.
- Children in immigrant families originating in Mexico and from Asian countries are underrepresented in center-based care compared with their representation in the population. White children in immigrant families use center-based care in higher proportions than their representation in the population. Whereas Asian children in immigrant families tend to use non-relative and parental care, Mexican children in immigrant families more frequently use non-relative and kin care.
- The economic resources of immigrant families are related to costs of and time in center-based care. Nearly 30 percent of all children of immigrants live in poverty compared with 16.2 percent of all children in the U.S. Depending on ethnicity and poverty status, some immigrant families paid less while some paid more for center-based care than did non-immigrant families. Similarly, the time spent in child care varied by immigrant status, ethnicity, and poverty, though a more general pattern was that Mexican and Asian children in immigrant families spend considerable less time in center-based care than their counterparts in non-immigrant families. Whether the findings for purchasing child care and hours of use are related to immigrant families' values or preferences, and to their lack of information and/or their access to subsidies is not known.
- Based on the hourly rates paid by families for non-relative or center-based care, it appears that the out-of-pocket child care costs for immigrant families' household budgets is considerably higher than that for non-immigrant families' household budgets.

These findings support a small number of studies on child care use in immigrant families based on research in one geographical area or one immigrant group. The results suggest that studying child care use among immigrant children, drawing on both national data and on local studies, can be productive for understanding their adaptations to life in the United States. In general, these results on child care arrangements suggest that immigrant families of different national or ethnic origins take different pathways in adapting to raising their children in new social and work conditions.

Research Priorities

Access to and participation in early education and care programs among children of immigrants should be an important research priority. An ERIC Clearinghouse Report on Urban Education focusing on Latino children concludes that Latinos are not participating in early childhood programs relative to their numbers. Twenty percent of Latino children under the age of five are enrolled in early education, compared with 44 percent of African Americans and 42 percent of Whites. ERIC reports that while over one-third of Latino children live in poverty, only 26 percent are enrolled in Head Start, which targets children in official poverty. We need to better understand why child care use among some children in immigrant families comes to resemble child care use among children in non-immigrant families, while for others in immigrant families, differences persist across the first-, second-, and third-generations. If differences in child care use between children in immigrant and non-immigrant families stem from poverty, work patterns such as non-standard hours, lack of available child care in their neighborhoods, or difficulties in gaining access to subsidized programs based on policies or other barriers, then policy interventions should be considered.

Future research may show that differences in the use of center-based care related to immigrant status and ethnicity are attributable to differences in immigrant families that existed prior to their entry to the United States. At the time of immigration, for example, White children may come with parents who had more financial and education capital than did parents of Mexican children. Alternatively, differences may be due to language barriers, parental values and preferences for kin care that maintain cultural identity, and reflect lack of social capital to navigate the center-based child care market, among other factors.

Policy Opportunities

Public policies that increase access to high quality early education programs and affordable child care, support programs that are culturally sensitive to children's needs, and promote their readiness for school will help ensure that this rapidly growing group of children are on a "level playing field" with the rest of the nation's children as they all enter school. Early education policies should support immigrant families in their important child-raising responsibilities in their newly adopted country. Public support offered early in the adaptation to American life of a preschool-age child in an immigrant family could pave the way for later successful outcomes such as school achievement and healthy development. The potential gains for both immigrant children and for society are well worth increased public investments in quality programs.

INTRODUCTION

DRAMATIC CHANGES IN WHO REARS AND SOCIALIZES AMERICA'S CHILDREN HAVE LED THE NATIONAL RESEARCH COUNCIL TO CONCLUDE THAT USE OF CHILD CARE HAS BECOME THE NORM IN AMERICAN SOCIETY.

BUT IS CHILD CARE THE NORM FOR CHILDREN IN IMMIGRANT FAMILIES IN THE UNITED STATES?

Today, the vast majority of America's young children grow up in non-maternal child care. According to the National Household Education Survey, 61 percent of children under the age of four were in child care in 1999, including 44 percent of infants under the age of one, 53 percent of one-year-olds, and 57 percent of two-year-olds (National Research Council, 2001). Moreover, the U.S. Bureau of the Census estimated that in 1994, 10.3 million children under the age of five were in child care while their mothers worked, including 1.7 million infants under one-year of age (U.S. Bureau of the Census, 1997). Thus, even though the family remains the child's primary context in which early development unfolds, child care has become the complementary context where a child establishes his or her identity, develops language, learns to interact, and comes to understand rules and customs (National Research Council, 2001). And, for most four-year-old children, child care provides them with their first opportunity to experience a school-like environment (Hofferth *et al.*, 1998). These dramatic changes in who rears and socializes America's children have led the National Research Council to conclude that use of child care has become the norm in American society rather than the exception (National Research Council, 2001).

But is child care the norm for children in immigrant families in the United States? Until this study, no national-level or population-based information has depicted child care use among children in immigrant families and compared their patterns of child care use with those of U.S.-born children with U.S.-born parents. Despite this lack of knowledge, one in every five children in America today is an immigrant or has at least one immigrant parent (Hernandez, 1999). No group of children in America is growing faster than children in immigrant families (National Research Council, 1998). Between 1990 and 1997, the number of children in immigrant families grew by 47 percent compared with only seven percent for U.S.-born children with U.S.-born parents.

CHILDREN IN IMMIGRANT FAMILIES REQUIRE CHILD CARE THAT HELPS LOWER, NOT RAISE, THE RISKS ASSOCIATED WITH ADJUSTING TO A NEW COUNTRY.

This study contributes to our knowledge about child care use in immigrant families. Using nationally representative data, the study shows that patterns of child care use differ between children in immigrant and in non-immigrant¹ families, and that the differences persist across generations for children of Mexican origin after accounting for socioeconomic and contextual factors. Because child care can influence a child's early development and socialization and can ease his or her transition from home to formal schooling, the fact (Rumbaut, 1997; Landale, 1997) that preschool-age children in immigrant families are less likely to use center-based child care than children in non-immigrant families is important. Particularly troubling is the finding that when children in immigrant families use non-relative or center-based child care, that care may be of poorer quality than the care received by children in non-immigrant families. Children in immigrant families require child care that helps lower, not raise, the risks associated with adjusting to a new country. The findings draw attention to the early childhood experiences of children in immigrant families, especially their experiences or lack thereof with the now widely used out-of-home child care settings.

BACKGROUND

This study addresses a pressing need for more population-based research on children in immigrant families in the United States. This gap in knowledge has now narrowed with the publication of several studies that detail the physical and mental health of children in immigrant families, describe their economic circumstances, and depict their educational achievements (Hernandez, 1999; Orozco and Orozco, 2001; Brandon, 2002). Some of the studies are reassuring, because they suggest that the physical health and academic achievement of children in immigrant families are better than or equal to U.S.-born children with U.S.-born parents (Hernandez, 1999). Nevertheless, other studies are troubling because they suggest that some children in immigrant families are more likely than U.S.-born children with U.S.-born parents to lack health insurance (Brown et al.,

1999), suffer depression and alienation in adolescence (Rumbaut, 1999; Orozco and Orozco, 2001), live in poverty and over-crowded housing (Hernandez and Darke, 1999), and receive public assistance (Brandon, 1999; Hofferth, 1999). Moreover, the advantages possessed by children in immigrant families, (e.g., family cohesion, cultural identity, and optimism about life in America), appear to diminish over time in the U.S. and across successive generations (Hernandez, 1999; Orozco and Orozco, 2001).

The impact of contemporary American social institutions on the well-being of children in immigrant families remains unexplored. Child care is one such institution that has received little attention, yet experiences in child care could affect the adaptation of children in immigrant families.

There are only a handful of studies on child care use among children in immigrant families, and most of them are studies in one area and with one immigrant group. For example, one case study described a family child care program in New York City for immigrant children from the former Soviet Union and argued that child care was a critical need for new immigrants because it eased their children's adjustments to public schools (Schnur *et al.*, 1995). In another study, researchers studying Latino families in the greater Boston area argued that cultural values influenced Latino families' low use of child care centers (Fuller *et al.*, 1996). Though informative, studies that are specific to one locale, to a specific group of children, or to a particular type of child care, provide limited information from which to construct a national portrait of the variety child care use among all children in immigrant families.

Due to a lack of information on the nativity status of children and parents, past national studies of child care were unable to complement findings from the local studies.² Still, using data from the National Educational Household Survey, which collected some child care and nativity status data, Nord and Griffin (1999) found that children in immigrant families were less likely to be enrolled in child care than were U.S.-born children with U.S.-born parents.

THOUGH INFORMATIVE, STUDIES THAT ARE SPECIFIC TO ONE LOCALE, TO A SPECIFIC GROUP OF CHILDREN, OR TO A PARTICULAR TYPE OF CHILD CARE, PROVIDE LIMITED INFORMATION FROM WHICH TO CONSTRUCT A NATIONAL PORTRAIT OF THE VARIETY OF CHILD CARE USE AMONG ALL CHILDREN IN IMMIGRANT FAMILIES.

NORD AND GRIFFIN (1999) FOUND THAT ENROLLMENT RATES DIFFERED BY GENERATION AND ETHNICITY, WITH LATINO CHILDREN IN IMMIGRANT FAMILIES LESS LIKELY TO ENROLL THAN ASIANS.

They also found that enrollment rates differed by generation and ethnicity, with Latino children in immigrant families less likely to enroll than Asians.

This study also informs our understanding of assimilation theories, which aim to explain differences or similarities in the adaptations of successive generations of immigrants. Some have used straight-line assimilation theory to explain mobility among immigrants (Lieberson, 1970, 1981; Gordon, 1964; LaBov, 1967; Lopez, 1996), while others have used segmented assimilation (Portes and Zhou, 1993; Rumbaut, 1997; Buriel and De Ment, 1997; Waters, 1997). Straight-line assimilation theory predicts that immigrants become increasingly similar to the native population as they spend more time in the country—basically coming to “blend” into the melting pot. In contrast, segmented assimilation suggests that there are multiple pathways of incorporation into a country. The path taken and the conditions associated with it affect the experiences of immigrants and mold their particular assimilation, which may be different from the prevailing characteristics of the native population (Booth, Crouter, and Landale, 1997). Findings in this study shift the theoretical orientation towards the latter theory rather than the former, because a theory of segmented assimilation more persuasively explains why differences exist in child care use among children in immigrant families.

DATA DESCRIPTION

Data for this study are from the 1990, 1991, 1992, 1993, and 1996 panels of the Survey of Income and Program Participation (SIPP). The SIPP is a longitudinal survey of a random sample of the U.S. population (U.S. Bureau of the Census, 1991). The five SIPP panels each contain four rotation groups spanning from 1989 through 1998. Each rotation group provided information for at least 32 consecutive months. Each wave of the survey was conducted quarterly, so each participant was interviewed three times a year about his or her monthly experiences over the past four months. Thus, these data provide monthly information

THE SURVEY OF INCOME AND PROGRAM PARTICIPATION IS WELL SUITED FOR THIS STUDY, BECAUSE IT COLLECTED ECONOMIC AND DEMOGRAPHIC DATA ON HOUSEHOLDS, AND BECAUSE IT HAD DETAILED QUESTIONS THAT ASKED ABOUT CHILD CARE ARRANGEMENTS OF CHILDREN UNDER THE AGE OF SIX OF WORKING AND NONWORKING PARENTS.

on household composition, labor market behavior, and income sources.

The SIPP is well suited for this study, because it collected economic and demographic data on households, and because it had detailed questions contained in specially organized topical modules that asked about child care arrangements of children under the age of six of working and nonworking³ parents. The questionnaires directed parents to report child care expenditures for at least the three youngest children and the hours the children spent in alternative types of childcare.⁴ The types of child care included child care provided by: (1) the other parent or stepparent, (2) a brother or sister over 15 years of age, (3) a grandparent, (4) another relative, (5) a non-relative, (6) a day or group care center, (7) a nursery or preschool, (8) a school, (9) the child, i.e., self-care, (10) a parent working at home, and (11) a parent at the workplace. To examine patterns of child care use, I clustered the 11 types of child care into four child care categories:⁵ (1) parent care, (2) kin care, (3) non-relative care, and (4) center-based care. The combined panels yielded a sample of 10,889 children younger than 6 years of age with working mothers⁶ using one of the four categories of child care. In addition, a question asked if a second type of childcare was used, referred to in this study as "secondary care", for children and if so for how many hours. (Many parents reported using a secondary form of child care, usually relative care. Secondary care was generally for fewer hours than the hours provided in the primary form of child care and it cost far less.)

The SIPP data permit combining the child care information with other data on parents' demographic characteristics, work schedules, income sources, living arrangements, state of residence, and immigrant status. The extensiveness of the child care data once merged with the socio-economic data on the children, including their nativity status, offers an excellent opportunity to study the child care arrangements of

children in immigrant families, costs,⁷ and hours of use, and to compare those arrangements with children in non-immigrant families.

EMPIRICAL STRATEGY

With this rich source of data, I could identify different age groups of children and classify them according to different socio-demographic characteristics. The primary foci were to classify preschool-age children according to their immigrant status and identify their primary child care arrangements. These data could be further arrayed to classify children along different economic, familial, and social dimensions and conduct several series of comparisons.

One of the chief variables of interest was the type of child care arrangement used. A variable was constructed that had four categories indicating the types of child care arrangements used by children. If the primary child care provider for a child was the parent, the category "Parent care" was coded 0. If the primary child care provider for a child was a relative, the category "Kin care" was coded 1. If the primary child care provider for a child was a non-relative the category "Non-relative care" was coded 2. And lastly, if the primary child care arrangement for a child was a day care center or nursery, the category "Center-based care" was coded 3. These four child care categories are well-established in the child care literature (Hofferth, 1991; 2001; Blau, 1991, 2000) and can yield valuable information about four distinct modes of child care.

The other chief variables focused on the children's immigrant status and generational status. For the former, if children were either foreign-born and both their parents were foreign-born, or if they were U.S.-born with at least one foreign-born parent, then they were defined as children in immigrant families. If the children were U.S.-born and their parents were U.S.-born, these children were defined as children in non-immigrant families. The information on

ONE VARIABLE OF INTEREST WAS THE TYPE OF CHILD CARE ARRANGEMENT USED.

OTHER VARIABLES FOCUSED ON THE CHILDREN'S IMMIGRANT STATUS AND GENERATIONAL STATUS.

nativity status for parents and children was also used to define first-, second-, and third-generation children. Children who were foreign-born with both parents foreign-born were considered first-generation children; those who were U.S.-born with at least one foreign-born parent were considered second-generation children; and, those who were U.S.-born with U.S.-born parents were considered third-generation children. Besides immigrant- and generational-status variables, I also created indicators of children's generational or immigrant status and ethnicity. Analyses based upon these variables were informative and reliable when the sample sizes were sufficiently large for a given ethnic-generational group of children. Still, for some generational-ethnic groups of children, especially first-generation children of various races or ethnicities, the sample sizes were too small on which to draw reliable conclusions. In total, there were only 97 first-generation children.

CHILDREN IN IMMIGRANT FAMILIES & PATTERNS OF CHILD CARE USE

THIS STUDY EXAMINES THE CHILD CARE ARRANGEMENTS OF CHILDREN UNDER SIX YEARS OF AGE ACCORDING TO SEVERAL DIFFERENT DEMOGRAPHIC FACTORS.

This study examines the child care arrangements of children under six years of age according to several different demographic factors. The following discussion is divided into subsections. Each subsection identifies the group or groups of children under study and begins by summarizing the key findings. The subsections and related tables or figures are:

- a) *The sample of preschool-age children. (Table 1.)*
- b) *Patterns in child care arrangements by immigrant status. (Tables 2 through 4.)*
- c) *Patterns in child care arrangements by generational status. (Tables 5 through 7.)*
- d) *Patterns in child care arrangements by immigrant status and poverty. (Figures 1 & 2.)*

The sample

The sample was diverse along many dimensions:

- Thirty-nine percent of the children were from families who are near poor or poor.¹
- Twenty percent of the children lived in single-parent households.
- Twelve percent of the children were in households receiving Aid to Families with Dependent Children (AFDC), and
- Eleven percent of the mothers had not completed high school.

THE LARGE SAMPLE SIZE
GUARANTEED ADEQUATE
REPRESENTATION OF SEVERAL
GROUPS OF CHILDREN BY THEIR
ETHNICITY.

Though representation of every ethnic group of children was unrealistic, the large sample size guaranteed adequate representation of several groups of children by their ethnicity, including 1,389 non-Hispanic Black children, 740 Mexican children, 82 Puerto Rican children, 296 Other Hispanic children [not reported], and 382 Asian children. The other 8,000 children consisted of 7,900 non-Hispanic White children and 100 Native-American children. By nativity status, there were 97 foreign-born children with foreign-born parents, 1,502 foreign-born children with at least one foreign-born parent, 9,290 U.S.-born children with U.S.-born parents.

According to Table 1:

- First- and second-generation children were more likely poor or near poor than third-generation children.
- First- and second-generation children were more likely to have mothers with less than a high school diploma or only a high school diploma.
- Households with first-generation children compared with households with third-generation children had slightly more children on average, 2.2 compared with 2.0.

¹ where near poor means within 200 percent of the official poverty line and poor means at or below the official poverty line.

- First-generation children were more likely than third-generation children to receive Aid to Families with Dependent Children (AFDC).

Second-generation children were less likely than first- and third-generation children to live with a single mother.

Patterns in child care arrangements by immigrant status

Possessing a large sample of children living with at least one foreign-born parent permitted examining the child care data according to the immigrant status of children. The immigrant status of children is associated with the type of child care used.

- Children in immigrant families are less likely than children in non-immigrant families to use center-based care; nonetheless, the children in immigrant families that use center-based care use it for fewer hours, but pay more for it (see footnote 7) than children in non-immigrant families.
- Children in immigrant families are less likely than children in non-immigrant families to use a secondary form of child care.
- Children in immigrant families are more likely than children in non-immigrant families to use kin care.
- When child care patterns are examined by ethnicity and immigrant status:
 - Mexican, Asian, and White children in immigrant families are less likely to use center-based care than their counterparts in non-immigrant families.
 - Median hourly child care payments vary greatly, but with the exception of Black children, hours in care tend to remain uniform across groups of children.
 - Mexican and Asian children in immigrant families are under-represented in center-based care compared with their representation in the population. White children in immigrant families are over-represented in use center-based care compared with their representation in the population.

MEXICAN AND ASIAN CHILDREN
IN IMMIGRANT FAMILIES ARE
UNDER-REPRESENTED IN
CENTER-BASED CARE
COMPARED WITH THEIR
REPRESENTATION IN THE
POPULATION.

WHEREAS CHILDREN IN IMMIGRANT FAMILIES SPEND MORE HOURS IN PARENTAL CARE THAN CHILDREN IN NON-IMMIGRANT FAMILIES, THE FORMER GROUP SPENDS FEWER HOURS IN CENTER-BASED CARE THAN CHILDREN IN NON-IMMIGRANT FAMILIES.

IF THE COST OF CHILD CARE REFLECTS THE QUALITY OF THE CARE PROVIDED, THEN THE FINDINGS SUGGEST THAT CHILDREN IN IMMIGRANT FAMILIES RECEIVE AT LEAST THE SAME QUALITY OF CARE AS CHILDREN IN NON-IMMIGRANT FAMILIES.

THE FINDINGS ARE TROUBLING IF IMMIGRANT PARENTS, WHO WHO ARE MORE LIKELY TO BE POOR OR NEAR POOR, PAY MORE OUT-OF-POCKET FOR CENTER-BASED CARE THAN DO NON-IMMIGRANT PARENTS.

Discussion: Hours of care and the out-of-pocket median hourly payments for child care varied between the groups of children and across the child care arrangements. Whereas children in immigrant families spend more hours in parental care than children in non-immigrant families, the former group spends fewer hours in center-based care than children in non-immigrant families.

The hourly median payment for care by kin for children in immigrant families is higher than the payments of children in non-immigrant families. Payments for non-relative child care are also higher for the former group of children than the latter group of children. Moreover, on an hourly basis, children in immigrant families using center-based care pay more than children in non-immigrant families who use center-based care. On the one hand, if the cost of child care reflects the quality of the care provided, then the findings suggest that children in immigrant families at least receive the same quality of care as children in non-immigrant families. On the other hand, the findings are troubling if immigrant parents, who are more likely to be poor or near poor, pay more out-of-pocket for center-based care than do non-immigrant parents. Indeed, Table 2 suggests that the mothers of children in immigrant families who used center-based care earned relatively less than their counterparts, further suggesting the cost-of-pocket cost of care is higher.

Table 3 presents child care information for children by national origin/ethnicity and immigrant status. Except for Black children, Mexican, Asian, and White children in immigrant families are less likely to use center-based care compared with their counterparts in non-immigrant families. The same pattern holds for kin care: except for Black children, Mexican, Asian, and White children in immigrant families are more likely to use kin care compared with their counterparts in non-immigrant families. Use of parent care as the primary child care arrangement is also more likely among Mexican and Asian children in immigrant families compared with Mexican and Asian children in non-immigrant families, though this finding does not hold for White and

TRENDS IN THE MEDIAN HOURLY PAYMENT OF CARE ARE DEPENDENT ON A CHILD'S ETHNICITY AND IMMIGRANT STATUS.

Black children. Essentially, there are no differences in the hours of child care use across the groups of children, except for Black children. Black children in non-immigrant families spend about four more hours on average in child care than Black children in immigrant families. According to Table 3, trends in the median hourly payment of care are dependent on a child's ethnicity and immigrant status. If a Mexican or Asian child lives in a non-immigrant family, the median hourly payment of his or her child care is higher than the cost for a Mexican or Asian child who lives in an immigrant family. The opposite holds for Black and White children.

These data permit examining participation in child care of children in immigrant families relative to their representation in the population. The question is: Is the representation of Mexican children in immigrant families using a particular type of child care comparable to their representation in the population? For Mexican children, the answer is no. Though Mexican children in immigrant families comprise 27 percent of the sample of children in immigrant families, Table 4 shows that among the Mexican children in immigrant families who use center-based care, they comprise only 18.2 percent of the children in immigrant families who use center-based care. Table 4 suggests that Asian children in immigrant families are also underrepresented in center-based care; they comprise 17.8 percent of the sample of children in immigrant families, but they comprise 15.2 percent of the children in immigrant families who use center-based care. Furthermore, whereas Asian children in immigrant families are more likely to use non-relative and parental care, Mexican children in immigrant families more frequently use non-relative and kin care. The results found for Mexican children in immigrant families also holds for Mexican children in non-immigrant families.

SECOND-GENERATION IMMIGRANT CHILDREN WERE LESS LIKELY TO USE CENTER-BASED CARE, AND MORE LIKELY TO USE KIN CHILD CARE, THAN THIRD-GENERATION CHILDREN (NON-IMMIGRANT CHILDREN).

IN THE FIVE STATES WHERE MOST CHILDREN IN IMMIGRANT FAMILIES RESIDE, SECOND-GENERATION CHILDREN ARE MORE LIKELY TO USE KIN CARE THAN THIRD-GENERATION CHILDREN.

IF THE MEDIAN PAYMENTS FOR CHILD CARE REFLECT THE QUALITY OF THE CARE PROVIDED, THEN THE FINDINGS ON COSTS INDICATE THAT FIRST-GENERATION CHILDREN AT LEAST PAY FOR THE SAME QUALITY OF CARE AS SUBSEQUENT GENERATIONS.

IF POOR OR NEAR-POOR IMMIGRANT PARENTS PAY MORE FOR CENTER-BASED CARE THAN NON-IMMIGRANT PARENTS FOR SIMILAR QUALITY CARE, THEN THE FINDINGS ARE MORE TROUBLING.

Patterns in child care arrangements by generational status

Analyses revealed that:

- Generational status of preschool-age children is associated with the type of primary and secondary child care used.
- Second-generation immigrant children were less likely to use center-based care, and more likely to use kin child care than third-generation children (non-immigrant children).

Hours and median hourly payments for child care varied across the three generations of children.

- In California, the median hourly payments of non-relative and center-based child care are lower among second-compared with third-generation children, but hours of use are higher. The opposite occurs in Florida and Illinois.
- Median hourly child care payments for second-generation Mexican and Asian children are lower than the payments made by the parents of their third-generation counterparts. Mexican and Black children in immigrant families spend about one and two hours more, respectively, in child care than their non-immigrant counterparts. No differences in hours of child care use were found for the other children (i.e., Asian and White children) of different generations.
- In the five states where most children in immigrant families reside, second-generation children are more likely to use kin care than third-generation children.

Discussion: Hours of care and the out-of-pocket hourly median costs per week were equally varied across the three generations of children and the types of child care arrangements. For example, whereas first- and second-generation children spend more hours in parental care than third-generation children, the former two groups of children spend fewer hours in center-based care than the latter group of children. First-generation children also spend far

fewer hours in non-relative care when that type of child care is used compared with third-generation children.

First-generation children using kin care also pay more per hour than the other two groups of children, though the payments for kin care are small and the differences in the payments across the three generational groups are small. Likewise, first-generation children using center-based or non-relative child care pay more per hour than second- or third-generation children who also use center-based or non-relative child care. If the median payments for child care reflect the quality of the care provided, then the findings on costs indicate first-generation children at least pay for the same quality of care as subsequent generations. But, if poor or near-poor immigrant parents pay more for center-based care than non-immigrant parents for similar quality care then the findings are more concerning and point to the need for income relieve, such as, child care subsidies targeted for immigrant parents. And to repeat an earlier finding, mothers of children in immigrant families who used center-based care earned relatively less than their counterparts, further suggesting the cost-of-pocket (median) cost of care is higher. (See Table 2.)

SECOND-GENERATION CHILDREN LIVING IN ANY OF THE FIVE STATES ARE MORE LIKELY TO BE IN KIN CARE THAN THIRD-GENERATION CHILDREN. CONVERSELY, THEY ARE LESS LIKELY THAN THIRD-GENERATION CHILDREN TO BE IN CENTER-BASED CARE.

Paying more, but using fewer hours in center-based or non-relative care suggests that work patterns may have more impact on the time children in immigrant families spend in child care than differences in their parents' abilities to pay for the care. The last set of entries in Table 5 suggest that the mothers of first-generation children earned relatively less than other mothers and thus, if the median payments for child care are accurate, then more of these families' earnings go to paying for child care. Notably, even though use of center-based or non-relative care is high among first-generation children, the amount of time spent in this form of child care is much less than other preschool-aged children.

Because most children in immigrant families reside in a handful of states, analyses compared child care arrangements, hours of use, and median hourly payments for

EXCEPT FOR BLACK CHILDREN,
THERE ARE ESSENTIALLY NO
DIFFERENCES IN HOURS OF
CHILD CARE USE BETWEEN
CHILDREN OF DIFFERENT
GENERATIONS SHARING THE
SAME ETHNIC ORIGIN.

the five states with the highest numbers of children in immigrant families:⁸ California, New York, Florida, Texas, and, Illinois. (Table 6 presents numbers for second- and third-generation children only; there were insufficient numbers of first-generation children by state and type of child care.) Table 6 shows that second-generation children living in any of the five states are more likely to be in kin care than third-generation children. Conversely, they are less likely than third-generation children to be in center-based care. Evidently, there is a shift away from kin care to center-based care between the two generations in these five states. For payments and hours of care, the patterns are less clear across the five states. In California, median hourly payments of non-relative and center-based child care are higher among second-generation children compared with third-generation children, but the hours of use in either type of child care are higher among second-generation children compared with third-generation children. In Illinois and Florida, the opposite occurs. For Texas, no patterns are distinguishable and except for the median payments of nonrelative care in New York state, the hours of child care use are higher for second-generation children compared with third-generation children.

Table 7 presents child care information by ethnicity and generational status. Again, the size of the sample limits the findings to second- and third-generation children. Except for Black children, there are essentially no differences in hours of child care use between children of different generations sharing the same ethnic origin. For Black children, however, the hours of child care use are lower for third-generation, or non-immigrant, Black children compared with second-generation Black children. Median hourly payments show greater variation between children of different generations, but who share the same ethnicity. For example, whereas the median hourly payments for care for second-generation Mexican and Asian children are less than the median hourly payments for care for third-generation Mexican and Asian children, the median hourly payments for care for second-generation White and Black children are more than the median hourly payments for care

THE GREATEST DISPARITY IS AMONG CHILDREN IN POOR IMMIGRANT FAMILIES USING CENTER-BASED CARE. THEIR PARENTS PAY MORE PER HOUR FOR CENTER-BASED CARE AND THE CHILDREN SPEND LESS TIME PER WEEK CENTER-BASED CARE, THAN CHILDREN IN NON-POOR FAMILIES.

for their third-generation counterparts. Essentially, the differences in hours of use are minor across each grouping of children in Table 7.

Patterns in child care arrangements by immigrant status and economic resources

The findings on median hourly payments and hours of use for poor children by immigrant status are illustrated in Figures 1 and 2, respectively. In Figure 1, there is a pattern showing that the median hourly payments for non-relative care and center-based care for children in immigrant families is either similar to or higher than the median hourly payments of non-relative care and center-based care for children in non-immigrant families. The greatest disparity is among children in poor immigrant families using center-based care. Their parents pay more per hour for center-based care and spend less time per week in center-based care than children in poor non-immigrant families. Especially for children in near poor immigrant families, the median hourly cost of non-relative child care is higher compared with the payments of non-relative child care for children in near poor non-immigrant families. Moreover, children in poor and non-poor immigrant families pay more for center-based care than poor and non-poor children in non-immigrant families. Thus, questions arise, such as: Is center-based care, given its higher cost for poor and non-poor children in immigrant families, of higher quality? Is the non-relative care received by near-poor children in immigrant families of higher quality, given the disparities in median hourly costs?

In Figure 2, hours in center-based care spent by children in poor immigrant families are less than the hours in center-based care spent by children in non-poor immigrant families. Furthermore, hours in center-based care are fewer for children in poor and near poor immigrant families compared with the hours in center-based care for children in poor and near poor non-immigrant families. In contrast, the hours spent in non-relative care for children in immigrant families do not appear affected by economic resources, though when

examining only exclusively children in poor immigrant families, it is found that they spend more hours in non-relative care than children in poor non-immigrant families.

CONCLUSIONS

How young children, given the diversity of immigrant families, successfully adapt to life in the United States is not well understood. While some disagree on whether assimilation is desirable, there is a consensus that more attention to the complexities of the adaptive processes for children of immigrants is needed. These complexities include, but are not limited to, three factors: (1) the ethnicity of children, (2) the multidimensional nature of assimilation, and (3) differences in the rates at which assimilation occurs for any child or group. The assimilation process for children in immigrant families arises in many aspects of their lives—schooling and health, as examples. The early education and child care arrangements of preschool-age children in immigrant families are no exception. This study suggests that when the complexities of assimilation are incorporated, a more detailed description emerges of the child care arrangements of children in immigrant families.

Child care arrangements differ by immigrant status, by generational status, by immigrant status and national origins or ethnicity, and by immigrant status and economic resources. Thus, broad depictions about the use of child care, the costs, and hours of use among children in immigrant families are difficult to make. Nonetheless, some generalizations are possible.

First, despite the diversity in the types of market child care available to working parents in America, working immigrant families, especially certain ethnic immigrant families, tend to rely disproportionately on relatives or spouses. Kin care was found to be the most commonly occurring primary and secondary child care arrangements among preschool-age children in immigrant families. Thus, in spite of the rapid growth in the child care market over the last twenty-five

THE RAPID GROWTH OF THE CHILD CARE MARKET OVER THE LAST TWENTY-FIVE YEARS IS CHARACTERIZED BY THE GROWTH IN CENTER-BASED CHILD CARE, AND A SURGE IN IMMIGRATION OVER THE LAST DECADE.

YET CHILDREN IN IMMIGRANT FAMILIES ARE LESS LIKELY TO BE IN CENTER-BASED CARE THAN THOSE IN NON-IMMIGRANT FAMILIES.

RESEARCH IS REQUIRED TO DETERMINE WHETHER THE UNDER-UTILIZATION OF CENTER-BASED CARE AMONG CHILDREN IN IMMIGRANT FAMILIES, COMPARED WITH ITS USE AMONG CHILDREN IN NON-IMMIGRANT FAMILIES, IS RELATED TO PATHWAYS TO SUCCESSFUL ASSIMILATION AMONG CHILDREN IN IMMIGRANT FAMILIES.

IT IS IMPORTANT TO RECOGNIZE THAT IF CENTER-BASED CHILD CARE HELPS PREPARE YOUNG CHILDREN IN IMMIGRANT FAMILIES – SCHOLASTICALLY, SOCIALLY, AND EMOTIONALLY – FOR SCHOOL, THEN SOME CHILDREN IN IMMIGRANT FAMILIES MAY NOT RECEIVE THOSE BENEFITS.

years, characterized by the growth in center-based child care, and a surge in immigration over the last decade, children in immigrant families are less likely to use center-based care than those in non-immigrant families. The reasons for these differences require further research.

Second, Mexican and Asian children in immigrant families are less likely to use center-based care than their counterparts in non-immigrant families, and less likely than White children in both immigrant and non-immigrant families. Moreover, Mexican children in non-immigrant families are far less likely to use center-based care

compared with Asian, White, and Black children in non-immigrant families. Hence, at least for Mexican children, who constitute a major ethnic group among preschool-age children in California and other states, differences in use of center-based care tend to persist between second- and third-generation Mexican children. How and why these patterns occur should be explored in future research.

Further research is required to determine whether the under-utilization of center-based care among children in immigrant families, compared with use among children in non-immigrant families, is related to pathways to successful assimilation among children in immigrant families. Center-based child care is one of the first societal institutions beyond the immediate family capable of transferring social capital to preschool-age children in immigrant families. However, the transfer of such basic social capital as learning rules and norms, speaking English, cooperative play with diverse peers, and understanding how to relate to teachers is likely to occur less frequently for children in immigrant families, especially for those who are Asian, or Mexican, or poor.

Future research may show that differences in use of center-based child care by ethnicity and immigrant status are traceable to differences among groups of children in immigrant families that existed at the time of entry into the United States. At entry, preschool-age White children in immigrant families may have come with parents who had

more financial and human capital than did parents of Mexican children at entry. Alternatively, differences may be due to continuing language barriers, or parental preferences for kin care that maintains ethnic and cultural identity, or a lack of social capital that is necessary to navigate the child care market, or a lack of access to care, or availability of choices in their neighborhoods.

Regardless of the causes, it is important to recognize that if center-based child care helps prepare young children in immigrant families—scholastically, socially, and emotionally—for school, then some children in immigrant families may not receive those benefits. Programs that would promote universal preschool and school readiness are worthwhile investments, because these could help ensure children in immigrant families have access to quality early education and care and participation in programs that place them on a more equal footing with their non-immigrant peers by the time they enter school. Without policy intervention, some children in immigrant families may enter kindergarten or the primary grades without literacy skills and with different, possibly negative, perceptions of their schools, their teachers and peers, and themselves. Obviously, this study assumes that quality programs that promote early development is a goal of American society.

EXPECTING IMPROVEMENTS IN THE WELL-BEING OF LATER GENERATIONS OF SOME CHILDREN IS UNCERTAIN, GIVEN THAT SOME ARE MORE LIKELY THAN OTHERS TO EXPERIENCE CHILD CARE THAT MAY NOT PREPARE THEM FOR THE DEMANDS OF KINDERGARTEN OR ELEMENTARY SCHOOL.

From an assimilation perspective and according to the research on the well-being of children in immigrant families, these children's economic fortunes can improve and demographic risk factors can decline over generations. However, this study cautions against expecting a decline in risk factors associated with school readiness and socialization across generations if variations in child care experiences are associated with the development of preschool-age children. Expecting improvements in the well-being of later generations of some children is uncertain, given that some are more likely than others to experience child care that may not prepare them for the demands of kindergarten or elementary school. It is troubling that children in immigrant families at the earliest stages of their socialization in America are found in child care arrangements

THIS STUDY UNDERScores THE NEED FOR A DEEPER UNDERSTANDING OF THE FORCES INFLUENCING THE CHILD CARE ARRANGEMENTS OF IMMIGRANT FAMILIES AND OF THE EFFECTS OF CHILD CARE ON THEIR CHILDREN'S DEVELOPMENT AND ADAPTATION TO LIFE IN THE UNITED STATES.

that may diverge in quality and educational content. Interestingly, over time Asian and White children in immigrant families still tend to use center-based child care suggesting no downward assimilation. Other groups of children in immigrant families experience the opposite: Mexicans, Black, and other Hispanic children increasingly use kin care, which may contribute to sociodemographic risk factors. Research must address why such a trajectory occurs.

Overall, this study provides a complex description of the child care arrangements of children in immigrant families. It is tempting to focus on the differences when they are examined arrangement by arrangement and in relation to specific immigrant children's ethnicity and generation. However, assimilation theories direct attention to the broader commonalities or divergences in the immigrant experience with respect to interactions with social institutions. For example, for some groups of children, use of center-based care remains less likely across the generations, while for other groups of children use of center-based care becomes more likely across the generations. Based on this study, I hypothesize that the divergence in patterns of use of center-based care reflects divergences in patterns of adaptations among immigrant families. Given the differences in the child care arrangements that develop over time among children, segmented assimilation theory is a more useful explanatory framework than straight-line assimilation theory for understanding divergences in the child care arrangements of children over generations.

In conclusion, this study underscores the need for a deeper understanding of the forces influencing the child care arrangements of immigrant families and of the effects of different forms of child care on their children's development and adaptation to life in the United States. Failure to pursue this research will deprive us of understanding possible important antecedents to the documented problems some children in immigrant families experience in their formative early school years, such as, difficulties in adapting to school and in achieving scholastically.

TABLES

Table 1. Descriptive Statistics on the Sample of Preschool-Age Children, By Generational Status

	1st Generation (N = 97)	2nd Generation (N = 1,502)	3rd Generation (N = 9,290)
Live in south (percent)	37	28	33
Receive AFDC (percent)	22	13	12
Age of mother	32.8	31.9	30.9
Live in metro area (percent)	77	85	67
Single mother (percent)	12	07	12
Infant (2 years or younger) (percent)	01	47	42
Toddler (3-5 years) (percent)	99	53	58
Number of children	2.2	2.1	2.0
Less than high school (percent)	29	23	09
High school graduate (percent)	25	22	34
Poor (percent)	28	19	17
Near poor (percent)	31	24	21
Not poor (percent)	40	57	61

Source: SIPP (1990-1996 panels). Note: Children have at least one working parent; weighted analyses.

Table 2. Preschool-Age Children Using a Child Care Arrangement, Hours of Care, and Costs of Care, By Immigrant Status

	Children in Immigrant Families (N = 1,599)	Children in Non-Immigrant Families (N = 9,290)
Use of:		
Parent care (percent)	24.3	24.4
Non-relative care (percent)	16.9	17.7
Center-based care (percent)	31.2	37.9
Kin care (percent)	27.5	19.9
Use a second arrangement:		
Yes (percent)	18.7	25.1
2 nd arrangement is kin care (percent)	36.2	27.6
Hours of care^a:		
Parent care	25.3	22.4
Non-relative care	30.6	29.4
Center-based care	25.9	28.0
Kin care	25.2	26.8
Median hourly payments for care^a:		
Parent care	n.a.	n.a.
Non-relative care	\$2.00	\$1.74
Center-based care	\$2.47	\$2.04
Kin care	\$1.52	\$1.44
Maternal earnings (monthly)		
Parent care	\$411.11	\$425.99
Non-relative care	\$566.03	\$348.22
Center-based care	\$492.66	\$530.47
Kin care	\$566.27	\$570.02

Source: SIPP (1990-1996 panels). Notes: Children have at least one working parent; n.a. = not applicable; weighted analyses; ^ahours measured per week and median hourly payments for the primary child care mode measured in \$1993 using the CPI-U-RS. Children in immigrant families are those who were classified as first-generation children or second-generation children; children in non-immigrant families are those who were classified as third-generation children.

Table 3. Child Care Arrangements, Hours, and Costs for Preschool-Age Children, By Immigrant Status and Ethnicity.

	Immigrant-Ethnic Groupings of Children							
	Mex ^a	Mex ^b	Asian ^a	Asian ^b	White ^a	White ^b	Black ^a	Black ^b
Median hourly payments for care^c:	\$1.57	\$1.79	\$2.37	\$2.54	\$2.37	\$1.90	\$1.99	\$1.60
Hours ^c	26.3	25.3	30.4	29.6	26.4	26.5	23.1	27.8
Type of care (percent):								
Parent	21.4	16.1	29.8	18.9	26.5	26.7	12.5	13.1
Non-relative	17.7	17.3	18.5	18.8	13.6	18.6	17.9	13.3
Center-based	21.4	31.9	26.9	40.5	35.7	37.3	42.9	42.9
Kin	38.9	34.6	24.8	18.9	24.1	17.3	26.6	30.6

Source: SIPP (1990-1996 panels). Notes: Children have at least one working parent; weighted analyses; ^aChildren in immigrant families; ^bChildren in non-immigrant families; ^chours measured per week and median hourly payments for child care measured in \$1993 using the CPI-U-RS.

Table 4. Composition of Child Care Arrangements (Percent), By Ethnic Origin and Immigrant Status

		Preschool-Age Children's Ethnic Origin and Immigrant Status							
		Mexican		Non-Hispanic Black		Non-Hispanic White		Asian	
Child care used:	Immigrant	Non-Immigrant	Non-Immigrant	Immigrant	Immigrant	Non-Immigrant	Immigrant	Non-Immigrant	
	Center-based	18.2	2.6	13.3	15.2	40.6	79.1	15.2	1.1
	Non-relative	27.0	2.9	8.9	10.0	30.1	84.1	19.1	1.1
	Kin	36.6	5.3	9.7	20.7	29.9	70.1	15.3	1.1
	Parent	22.8	2.0	5.9	7.1	38.9	88.0	21.6	0.79

Source: SIPP (1990-1996 panels). Notes: Children have at least one working parent; unweighted analyses; Among the sample of children in immigrant families, Mexican children constitute 27% of the sample; Non-Hispanic Black children 8.6%; Non-Hispanic white children 34.9%; and, Asian children 17.8%. Among the sample of children in non-immigrant families, Mexican children constitute 3.4% of the sample; Non-Hispanic Black children 13.6%; Non-Hispanic white children 79.8%; and, Asian children 1.2%. The percentages in the table are compared with the percentages listed in these notes. Children in immigrant families are those who were classified as first-generation children or second-generation children; children in non-immigrant families are those who were classified as third-generation children.

Table 5. Percentage of Preschool-Age Children Using a Child Care Arrangement, Hours of Care, and Costs of Care, By Generational Status

	1st Generation (N = 97)	2nd Generation (N = 1,502)	3rd Generation (N = 9,290)
Use of:			
Parent care	15.1	24.9	24.4
Non-relative care	11.7	17.3	17.7
Center-based care	48.2	29.9	37.4
Kin care	21.9	27.8	19.8
Use a second arrangement:			
Yes	26.1	17	26
2 nd arrangement is kin care	47.2	36	29
Hours of care^a:			
Parent care	28.7	25.6	22.4
Non-relative care	21.1	31.1	29.4
Center-based care	21.8	26.4	28.1
Kin care	30.2	26.0	26.8
Median hourly payments for care^a:			
Parent care	n.a.	n.a.	n.a.
Informal care	\$5.55	\$2.00	\$1.74
Center-based care	\$2.67	\$2.44	\$2.04
Kin care	\$1.73	\$1.52	\$1.44
Maternal earnings (monthly)			
Parent care	\$431.33	\$410.24	\$425.99
Informal care	\$368.06	\$515.31	\$348.22
Center-based care	\$102.28	\$531.32	\$530.47
Kin care	\$237.15	\$586.61	\$570.02

Source: SIPP (1990-1996 panels). Notes: Children have at least one working parent; n.a.=not applicable; weighted analyses; ^ahours measured per week and median hourly payments for child care measured in \$1993 using the CPI-U-RS. First-generation children are those who are foreign-born with foreign-born parents; second-generation children are those who are U.S.-born with at least one foreign-born parent; third-generation children are those who are U.S.-born with both parents born in the United States.

Table 6. Child Care Arrangements, Payments, and Hours Among Second- and Third-Generation Preschool-Age Children Residing in the Five States with the Largest Concentrations of Children in Immigrant Families

	State									
	California		New York		Florida		Texas		Illinois	
	Generation		Generation		Generation		Generation		Generation	
	2nd	3rd	2nd	3 rd	2nd	3rd	2nd	3rd	2nd	3rd
Type of Care										
Non-relative	17.8	17.8	17.2	19.1	14.1	12.1	14.8	15.4	19.7	16.5
Center-based	23.2	37.8	25.9	28.0	43.3	48.4	34.4	49.2	22.3	30.7
Kin	35.1	18.8	31.6	27.8	25.9	14.8	31.7	19.9	28.9	22.9
Parent	23.8	25.6	25.1	25.0	16.5	24.5	18.9	15.4	28.9	29.7
Median hourly payments for care^a										
Non-relative	\$1.89	\$2.22	\$3.48	\$2.67	\$1.99	\$1.78	\$1.60	\$1.61	\$2.07	\$1.64
Center-based	\$2.43	\$2.58	\$2.84	\$2.96	\$2.59	\$2.12	\$1.81	\$1.81	\$3.24	\$2.78
Hours^a										
Non-relative	34	28	31	27	28	33	33	33	26	30
Center-based	31	29	26	25	26	30	33	34	24	30

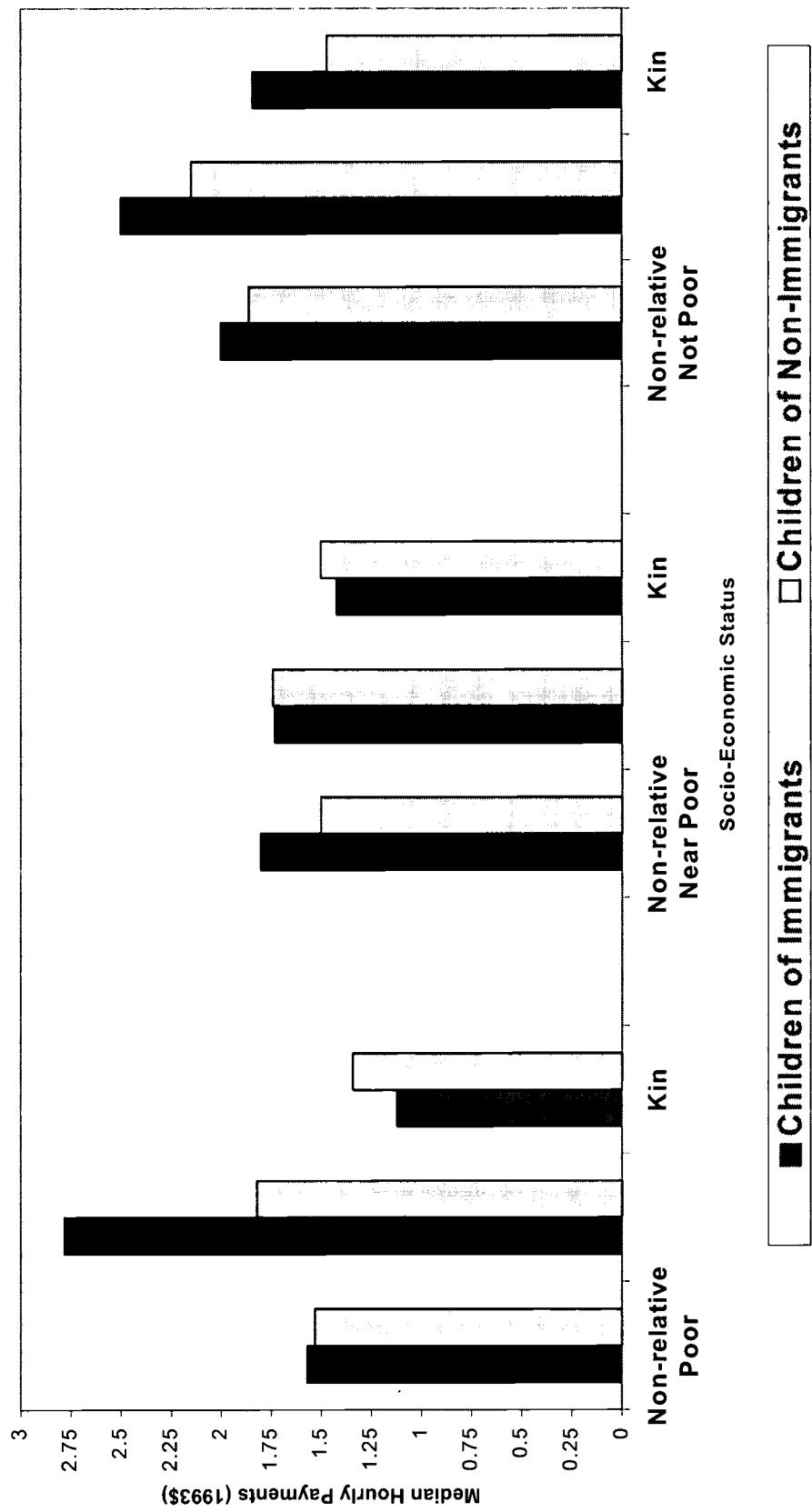
Source: SIPP (1990-1996 panels). Notes: Children have at least one working parent; unweighted analyses; ^a hours measured per week and median hourly payments for child care measured in \$1993 using the CPI-U-RS. Second-generation children are those who are U.S.-born with at least one foreign-born parent; third-generation children are those who are U.S.-born with both parents born in the United States.

Table 7. Child Care Arrangements, Hours, and Costs for Second- and Third-Generation Preschool-Age Children, By Ethnicity.

	Generational-Ethnic Grouping of Children							
	Mex ^b	Mex ^c	Asian ^b	Asian ^c	White ^b	White ^c	Black ^b	Black ^c
Median hourly payments for care ^a	\$1.52	\$1.79	\$2.37	\$2.54	\$2.37	\$1.90	\$1.99	\$1.60
Hours ^a	26.3	25.3	30.7	30.4	28.1	28.5	26.9	28.3
Type of care:								
Parent	22.3	16.1	31.3	18.9	27.1	26.7	13.8	13.1
Non-relative	17.3	17.3	19.1	18.8	14.7	18.6	16.9	13.3
Center-based	20.1	39.1	25.6	40.5	34.3	37.4	41.5	43.0
Kin	39.4	34.6	23.9	21.7	23.8	17.3	27.7	30.6

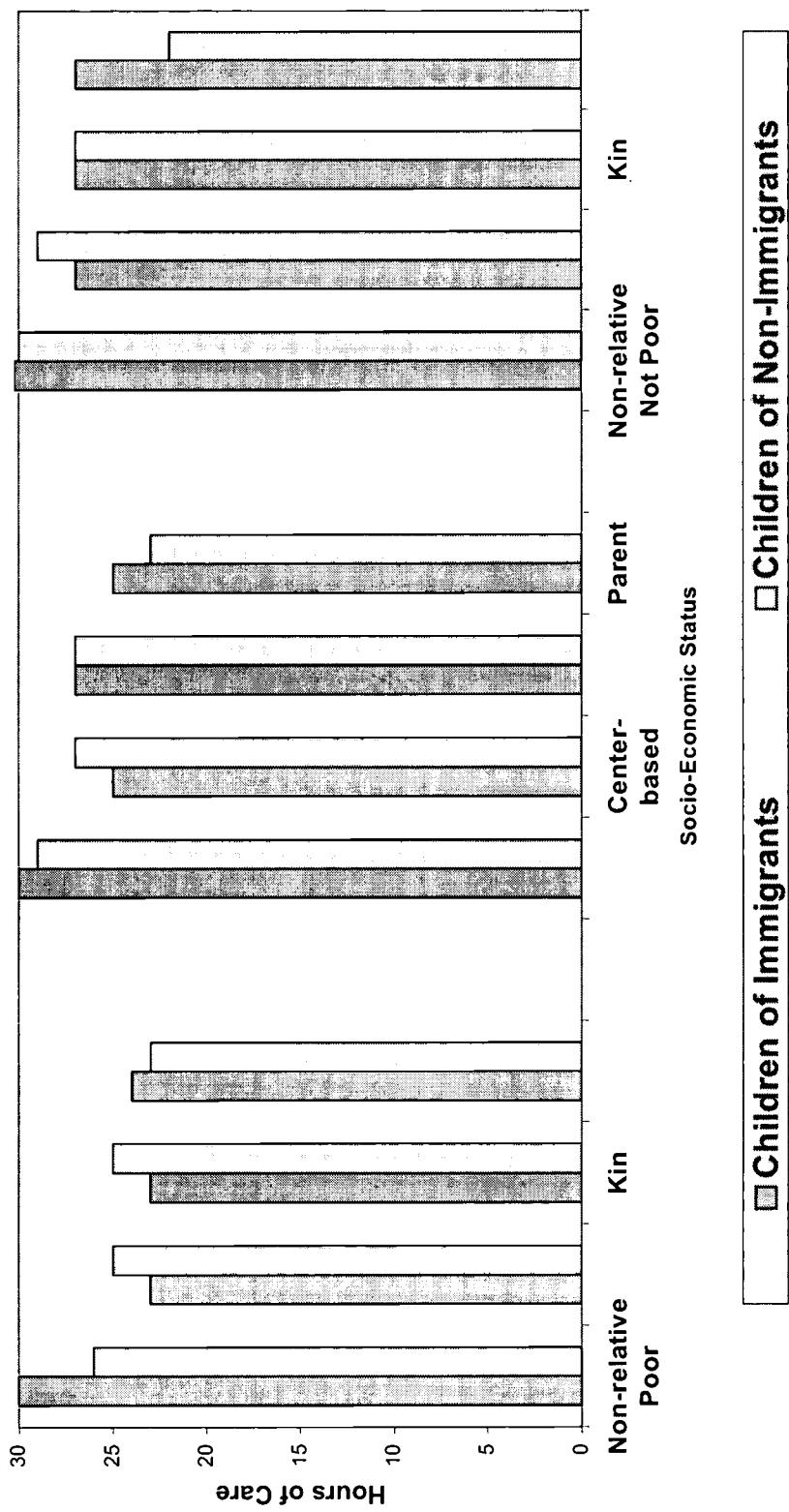
Source: SIPP (1990-1996 panels). Notes: Children have at least one working parent; unweighted analyses; ^ahours measured per week and median hourly payments for child care measured in \$1993 using the CPI-U-RS; ^bIndicates second-generation children as defined in early tables; ^cIndicates third-generation children as defined in early tables.

Figure 1. Median Hourly Child Care Payments, by Child Care Types and by Immigrant and Poverty Status



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Figure 2. Average Hours of Child Care Use Among Children, By Child Care Type, Immigrant and Poverty Status



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Notes

¹Children in non-immigrant families are defined as U.S.-born children with U.S.-born parents, i.e., third generation and beyond. The methods section discusses definitions of immigrant-, generational-, and nativity-status in detail.

²A reason why little is known about the child care use among children in immigrant families for the entire nation is that past nationally representative child care studies lacked data on the nativity status of the children or parents in the studies (Hofferth et al., 1991). The studies provided data on the child care arrangements of children of different races and ethnicities (Blau, 1991; Hayes, Palmer, & Zaslow, 1990; Duncan & Hill, 1974), but no data on arrangements by nativity status. Likewise, studies estimated costs of child care for different races and ethnicities (Berger & Black, 1992; Blau & Robins, 1988; Connelly, 1991; Hofferth, & Wissoker 1992; Leibowitz, Waite, & Witsberger, 1988), but not by nativity status.

³The 1996 panel also collected data on child care use among non-working mothers. In this study, I restrict the analyses to working mothers only.

⁴Complementing questions about the types of child care used by parents are questions asking if a second type of child care was used for a child and if so for how many hours.

⁵Parent care consisted of types (1), (10), and (11); relative care consisted of types (2), (3), and (4); non-relative care consisted of type (5); center-based care consisted of types (6) and (7).

⁶See endnote (2).

⁷The out-of-pocket child care cost is measured by the median hourly payment, found by dividing the reported weekly costs of child care by the reported hours spent in child care. Median hourly payments for child care are reported in 1993 dollars using the Bureau of Labor Statistics' Consumer Price Index, CPI-U-RS. (See www.bls.gov/cpi/cpirsdc.htm.)

⁸In this particular sample, 69 percent of all immigrant children in the sample reside in these five states plus New Jersey, (the state omitted from the table). This number was derived by dividing 1,107 first- and second-generation in the six states by 1,599 children.



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